



IDAHO REAL ESTATE COMMISSION

633 North 4th Street
PO Box 83720
Boise, ID 83720-0077
(208) 334-3285

Telecommunications Relay Service 1 800 377-3529

REE-010-13

Rev. 03/04

Commission Use Only

Date Filed: _____

Receipt: _____

NOTICE OF REAL ESTATE LICENSE CHANGE

Changes shall become effective when all forms and fees are received and approved by the Idaho Real Estate Commission (IREC).
Forms that are illegible, incomplete or not accompanied by the proper attachments will be returned.

SEE REVERSE SIDE FOR IMPORTANT ADDITIONAL INSTRUCTIONS

Name of Licensee for Whom
the Change is Requested: _____

(As it appears on license) last name first name middle name or initial

License Number of Licensee: _____ Date Change Submitted _____
(Not Necessarily the Effective Date)

I certify that the information provided is true and correct and that, if maintaining an active license, I have obtained Errors and Omissions Insurance as required by Idaho Law.

Signature of Licensee _____

	CHANGE FROM: Complete only those items that will be changing	CHANGE TO: Complete only those items that will be changing. (See additional information on reverse side)
A	License Type: <input type="checkbox"/> Sales Associate Status: <input type="checkbox"/> Active <input type="checkbox"/> Broker <input type="checkbox"/> Inactive <input type="checkbox"/> Associate Broker <input type="checkbox"/> Provisional <input type="checkbox"/> Designated Broker <input type="checkbox"/> Other <input type="checkbox"/> Branch Manager	License Type: <input type="checkbox"/> Sales Associate Status: <input type="checkbox"/> Active <input type="checkbox"/> Broker <input type="checkbox"/> Inactive <input type="checkbox"/> Associate Broker <input type="checkbox"/> Provisional <input type="checkbox"/> Designated Broker <input type="checkbox"/> Other <input type="checkbox"/> Branch Manager
B	<input type="checkbox"/> Main Office <input type="checkbox"/> Branch Office Firm Name: _____ Location Address: _____ Mailing Address: _____ City, State, Zip: _____ Office Telephone (with area code): _____ _____ Terminating Designated Broker's Signature	<input type="checkbox"/> Main Office <input type="checkbox"/> Branch Office Firm Name: _____ Location Address: _____ Mailing Address: _____ City, State, Zip: _____ Office Telephone (with area code): _____ _____ New Designated Broker's Signature
C	Licensee's Name: _____ Personal Address: _____ City, State, Zip: _____ Home Telephone (with area code): _____ Cell Phone: _____ Email: _____	Licensee's Name: _____ Personal Address: _____ City, State, Zip: _____ Home Telephone (with area code): _____ Cell Phone: _____ Email: _____
D	Firm Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	Firm Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company
E	License Origin: <input type="checkbox"/> Idaho Primary License <input type="checkbox"/> Reciprocity	License Origin: <input type="checkbox"/> Idaho Primary License <input type="checkbox"/> Reciprocity

see reverse side for important additional instructions

Change	Blocks To Complete On Reverse Side	Fee	Documentation and/or Other Information Needed To Complete the Requested Change
Active status to inactive status (A to I)	A, B and C	None	(If you are the designated broker, then you must provide the location of the firm's records. They must be available for inspection for a period of three years following the year in which the transaction was closed. Also, all persons who were licensed with you must be moved to other brokers or inactivated.) Location of Files: _____ _____
Changing from inactive to active (I to A)	A and B	\$15	I certify that I have completed the Continuing Education requirements under section 54-2023 and I further understand that penalties will be imposed by section 54-2059 Idaho Code for violations under section 54-2060 Idaho Code for the use of fraud, deception, misrepresentation, misstatement or any unlawful means in applying for or securing a license to act as a real estate broker or salesperson. I agree to furnish sufficient evidence of having completed the Continuing Education requirements upon request by the Commission. <input type="checkbox"/> No <input type="checkbox"/> Yes
Salesperson to any type of broker	Use an "Idaho Real Estate License Application" instead of this form.		
Associate broker to designated broker	A and any sections that might also be applicable.	\$15 for each licensee affected by change.	<ul style="list-style-type: none"> • If opening a new firm, attach the appropriate application, i.e. LLC, corporation, partnership, etc. (Forms can be obtained at IREC or printed from the website.) • If taking over an existing firm, attach a list of affected persons and their wall licenses. All persons licensed at the firm must also change their licenses or be placed on inactive status.
Designated broker to any type of nondesignated broker	A and any sections that might also be applicable.	\$15 for each licensee affected by change.	Designated brokers must provide the location of the firm's records upon closing that firm. Complete the section "Active status to Inactive status" above. All persons licensed at the firm must also change their licenses.
Change of firm name and/or from address.	B and any sections that might also be applicable.	\$15 for each licensee affected by change.	All licensees with the old firm name or address, including any branch offices, must also be changed. If changing the legal organization of the firm, i.e. sole proprietorship to corporation, attach the appropriate firm application. (Forms can be obtained from the IREC or printed from the website.)
Licensee changing to other offices and/or brokers	B	\$15	When changing designated brokers, you need to verify the type of E&O insurance carried by your broker. If either the old or the new broker has an independent firm policy, you may need to change coverage.
Licensee's name	C	\$15	Attach legal documentation of the requested name change i.e. marriage certificate, divorce decree, legal name change form.
Change of licensee's residence address	C	None	None
Change of the legal organization of the firm	D	\$15 for each licensee affected by change.	Attach the appropriate application for the type of legal organization of the firm. Application forms are available from the IREC upon request and are available for printing from the website. Sole proprietorships do NOT require a separate application form.
Reciprocal to Idaho primary or Idaho primary to reciprocal	E and any sections that might also be applicable.	\$15	Attachments are dependent on reciprocal agreement. Please contact the Commission office.
Other	Contact the Idaho Real Estate Commission (IREC)		

NOTICE:

Because of rising costs associated with issuing a refund, it is the policy of the Idaho Real Estate Commission (IREC) to refund overpayments of under \$25 only if requested in writing within 30 days of IREC receipt of the overpayment. Overpayments of \$25 or more will be automatically refunded to the licensee. There will be a \$15 fee assessed for each check returned to the Idaho Real Estate Commission for insufficient funds.